

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FTO-875)							SERIAL NO. 101089142		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1				51						
2		1		1			52						
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47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.	10		17				TOTAL DEP.						
TOTAL CLAIMS	11		19				TOTAL CLAIMS						